

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/573528

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3	1		1				53						
4		1		1			54						
5		4		4			55						
6		4		4			56						
7		4		4			57						
8		8		4			58						
9		8		4			59						
10		0		4			60						
11	1	1	1	1			61						
12	1	1		1			62						
13		1		1			63						
14	1		1				64						
15		1		1			65						
16				4			66						
17							67						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	4	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	33	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			37				TOTAL CLAIMS						

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